05/13/2008 14:41

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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2008 04 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. RICHARD BARWACZ Type or Print Name of Treasurer Electronically Filed by RICHARD BARWACZ 05 13 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE D D " D 0.4 0 1 2008 0.4 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 1160205.04 January 1 (b) Cash on Hand at 1243078.60 Begining of Reporting Period 80769.19 469799.21 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1323847.79 1630004.25 6(a) and 6(c) for Column B) 110821.76 416978.22 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1213026.03 1213026.03 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

0 1 3^D0 м м 0 4 м м 0 4 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 362901.00 61250.00 (i) Itemized (use Schedule A) 16622.50 92537.50 (ii) Unitemized (iii) TOTAL (add 77872.50 455438.50 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 77872.50 455438.50 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 2896.69 14360.71 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 80769.19 469799.21 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 80769.19 469799.21 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures	0.00	0.00
2	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
۷.	Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	109000.00	383500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(doc contodulo i)		
6.	Loan Repayments Made	0.00	0.00
7	Leave Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
((a) Individuals/Persons Other Than Political Committees	0.00	0.00
	man ontea committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
_		1001.70	00470.00
9.	Other Disbursements	1821.76	33478.22
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,	110001 76	416070.00
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	110821.76	416978.22
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	(110821.76	416978.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	77872.50	455438.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	77872.50	455438.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 85 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) TIMOTHY ADAMS			Date of Receipt
Mailing Address 2205 COVEMONT D City	PK SE State	Zip Code	04 25 2008
HUNTSVILLE	AL	35801	Transaction ID: SA11AI.62417
FEC ID number of contributing federal political committee.	C	33801	Amount of Each Receipt this Period 250.00
Name of Employer AL ANES OF HUNTSVILLE	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RICHARD AERTS	_		Date of Receipt
Mailing Address 409 HOBBIT DR., S. City	E. State	Zip Code	04 09 2008
CEDAR RAPIDS	IA	52403	Transaction ID: SA11AI.61860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	J2+00	250.00
Name of Employer LINN COUNTY ANESTH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRUCE AISTRUP			Date of Receipt
Mailing Address 10907 W. 120TH TE	RRACE		04 / 28 / 2008
City	State	Zip Code	Transaction ID: SA11AI.62550
OVERLAND PARK	KS	66213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer MIDWEST ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 85 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) CHARLES AKINS			Date of Receipt
Mailing Address 497 SWEETBRIAR			04 09 7 2008
City	State	Zip Code	Transaction ID: SA11AI.61935
MEMPHIS FEC ID number of contributing	TN	38120	Amount of Each Receipt this Period 500.00
federal political committee.	C		300.00
Name of Employer METRO ANES ALLIANCE	Occupation ANESTH	n ESIOLOGIST	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) MARY APPELT			Date of Receipt
Mailing Address 118 GREENRIDGE	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.62317
GRAND RAPIDS	MI	49544	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES MED CONSULT	Occupation ANESTH	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOEL ARNEY			Date of Receipt
Mailing Address 4 WINDY HILL CT.			0 4 2 9 2 0 0 8
City	State	Zip Code	Transaction ID: SA11Al.62625
SUNFISH LAKE	MN	55077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer RIDGES ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional	\		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) BRUCE BALDECCHI Mailing Address 313 W. ANN ST. City CARSON CITY FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED	State Zip Code NV 89703 C Occupation ANESTHESIOLOGIST	Date of Receipt 0 4 25 2008 Transaction ID: SA11Al.62411 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) WINSTON BARCELLOS Mailing Address 1215 PLEASANT S	ST., SUITE #400	Date of Receipt 0 4 2 8 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.62568
DES MOINES FEC ID number of contributing federal political committee.	IA 50309	Amount of Each Receipt this Period 250.00
Name of Employer A.A.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RISE BARKHOFF Mailing Address 27455 MEADOWO	NOD.	Date of Receipt
		04 09 2008
City <u>METTAWA</u>	State Zip Code IL 60048	Transaction ID: SA11Al.61861 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD BARTON Mailing Address 3330 SUNDANCE DR. City BOZEMAN FEC ID number of contributing federal political committee. Name of Employer GALLATIN VALLEY ANES Receipt For: Primary General Other (specify)		Date of Receipt M M J D D D 2008 Transaction ID: SA11AI.62054 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) RICHARD BAUMGARTEN Mailing Address 180 LEWISTON RD. City GROSSE POINTE FARM FEC ID number of contributing federal political committee. Name of Employer FARMS ANESTHESIA Receipt For: Primary General Other (specify)	State Zip Code MI 48236 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M O 9 2008 Transaction ID: SA11AI.61937 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) PHILIP BECKER Mailing Address 1092 THUNDERBIRD City EL PASO FEC ID number of contributing federal political committee. Name of Employer ANES CONSULT ASSOC Receipt For: Primary General Other (specify)	State Zip Code TX 79912 C Occupation PHYSICIAN Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 4 1 5 2 0 0 8 Transaction ID: SA11AI.62132 Amount of Each Receipt this Period 400.00
SUBTOTAL of Receipts This Page (optional)		900.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	THE GOLD GOTO TO LITTORE ACTION CONT	
DANIELLE BELMORE Mailing Address 6632 WHISPERIN	NG WOODS CT.	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.62226
PLANO FEC ID number of contributing federal political committee.	TX 75024	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE ANES CONSUL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ERIC BENDIXEN	Date of Receipt	
Mailing Address 1631 HOSPITAL	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City SANTA FE	State Zip Code NM 87505	Transaction ID: SA11AI.62045 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SANTA FE ANES SPEC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DEAN BERKUS	L	Date of Receipt
Mailing Address 4930 GAVIOTA A	VENUE	M M / D D / Y Y Y Y Y O S
City ENCINO	State Zip Code CA 91436	Transaction ID: SA11AI.62219 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	1000.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any p ng the name and address of any political committee THESIOLOGISTS POLITICAL ACTION Co	
Full Name (Last, First, Middle Initial) JOSEPH BERNSTEIN Mailing Address PO BOX 700138 City OOSTBURG FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED	State Zip Code WI 53070 C Occupation	Date of Receipt M M
Receipt For: Primary General Other (specify)	PHYSICIAN Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MICHAEL BIANCO Mailing Address 3 PEACOCK LN. City	State Zip Code	Date of Receipt M
UPPER BROOKVILLE FEC ID number of contributing federal political committee.	NY 11545	Amount of Each Receipt this Period 250.00
Name of Employer LONG ISLAND ANESTH Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GREGORY BILLMAN Mailing Address 1368 GREYSTO	NE DR.	Date of Receipt 0 4 2 5 2 0 0 8
City TUSCALOOSA	State Zip Code AL 35406	Transaction ID: SA11AI.62457 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer APMC	Occupation	250.00
Receipt For: Primary General Other (specify)	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 85 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) CRAIG BOHNHOFF			Date of Receipt
Mailing Address 9 HEARTHSTONE	PL.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.62495
SAGINAW FEC ID number of contributing	MI	48609	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer ADVANCED ANES ASSOC	Occupation ANESTH	n IESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PETER BOOSALIS			Date of Receipt
Mailing Address 515 S. BROADWAY ST.			0 4 2 9 2 0 0 8
City STILLWATER	State MN	Zip Code 55082	Transaction ID: SA11AI.62623 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33002	250.00
Name of Employer VALLEY ANESTH	Occupation	n IESIOLOGIST	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) DAVID BOYER			Date of Receipt
Mailing Address 9217 TURTLE PO	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City KILLEN	State	Zip Code	Transaction ID: SA11AI.62277
FEC ID number of contributing federal political committee.	C	35645	Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	 	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
SUBTOTAL of Receipts This Page (option	al)		750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۷ A .	Full Name (Last, First, Middle Initial) KATHRYN BROCK			Date of Receipt
	Mailing Address 1600 7TH AVENUE S	SOUTH SUIT	E 420	04 09 2008
	City BIRMINGHAM	State AL	Zip Code 35233	Transaction ID: SA11AI.61917 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00200	500.00
	Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES, PC	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
ь В.	Full Name (Last, First, Middle Initial) MICHAEL BUBB	<u> </u>		Date of Receipt
	Mailing Address 12721 KIAWAH DR	04 15 2008		
	City CARMEL	State IN	Zip Code	Transaction ID: SA11AI.62079
	FEC ID number of contributing federal political committee.	C	46033	Amount of Each Receipt this Period 250.00
	Name of Employer RIVERVIEW ANESTH	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) CALVIN BURRICHTER			Date of Receipt
	Mailing Address 5110 CORNELL CT			04 30 7 2008
	City BRENTWOOD	State TN	Zip Code 37027	Transaction ID: SA11AI.62672
	FEC ID number of contributing federal political committee.	C	31021	Amount of Each Receipt this Period 250.00
	Name of Employer AMG	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00
ŀ	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 85 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	
1	SIOLOGISTS POLITICAL ACTION CO	DMMITTEE .
Full Name (Last, First, Middle Initial) THOMAS CASH Mailing Address 4 007 LECACY DR		Date of Receipt
Mailing Address 1307 LEGACY DR. City	State Zip Code	0 4 1 5 2 0 0 8 Transaction ID: SA11AI.62026
BIRMINGHAM	AL 35242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AMBULATORY ANES & PAIN	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KATHERINE CHANG		Date of Receipt
Mailing Address 831 BERKELEY ST.	04 25 YYYY 25 2008	
City	State Zip Code	Transaction ID: SA11AI.62396
SANTA MONICA	CA 90403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) BOHDAN CHARKEWYCZ		Date of Receipt
Mailing Address 119 JOYCE PL.		04 25 2008
City	State Zip Code	Transaction ID: SA11AI.62425
PARK RIDGE FEC ID number of contributing federal political committee.	IL 60068	Amount of Each Receipt this Period 250.00
Name of Employer RESSURECTION HEALTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 85 (check only one) X
,	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IMITTEE		
A.	Full Name (Last, First, Middle Initial) ALBERT CHEN			Date of Receipt
	Mailing Address 2901 W SWANN AVE	04 25 2008		
	City TAMPA	State FL	Zip Code 33609	Transaction ID: SA11AI.62384 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GUARDIAN ANES SERV	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) SAMUEL CHERRY			Date of Receipt
	Mailing Address 149 LUCERNE BLVD	04 22 2008		
	City BIRMINGHAM	State AL	Zip Code	Transaction ID: SA11AI.62243
	FEC ID number of contributing federal political committee.	C	35209	Amount of Each Receipt this Period 500.00
	Name of Employer UNIVERSITY OF ALABAMA BIR- MINGHAM Receipt For:		on HESIOLOGIST e Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13	500.00	
_ С.	Full Name (Last, First, Middle Initial) JAMES COLEMAN	l		Date of Receipt
	Mailing Address PO BOX 8720			04 28 2008
	City	State	Zip Code	Transaction ID: SA11AI.62542
	HUNTSVILLE FEC ID number of contributing federal political committee.	C	77340	Amount of Each Receipt this Period 250.00
	Name of Employer SELF	Occupation PHYSIC		7
	Receipt For: Primary General Other (specify) ▼	. '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/85 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) BARBARA CONARD			Date of Receipt
Mailing Address 316 WILDWOOD LI	N.		M M / D D / Y Y Y Y Y Y O 8
City LAFAYETTE	State IN	Zip Code	Transaction ID: SA11AI.62351
FEC ID number of contributing federal political committee.	C	47905	Amount of Each Receipt this Period 250.00
Name of Employer UNITY HEALTHCARE	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) THOMAS COTTONE	<u> </u>		Date of Receipt
Mailing Address 31 SPENCER LN			0 4 2 5 2 0 0 8
City STONY BROOK	State NY	Zip Code 11790	Transaction ID: SA11AI.62394 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11730	250.00
Name of Employer LONG ISLAND ANESTH	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRENDA COVEY			Date of Receipt
Mailing Address 600 N.UNION			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEW BRAUNFELS	State TX	Zip Code 78130	Transaction ID: SA11AI.62127
FEC ID number of contributing federal political committee.	C	70130	Amount of Each Receipt this Period 250.00
Name of Employer STAR ANESTHESIA	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 85 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT DADO Mailing Address 8919 ITASCA TRAIL		Date of Receipt 0 4 1 5 2 0 0 8
City STILLWATER FEC ID number of contributing	State Zip Code MN 55082	Transaction ID: SA11AI.62134 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) KRISTIANNE DIAZ Mailing Address 24 EQUENNES DR.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LITTLE ROCK FEC ID number of contributing federal political committee.	State Zip Code AR 72223	Transaction ID: SA11AI.62231 Amount of Each Receipt this Period 250.00
Name of Employer BAPTIST HEALTH Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) ALICE DIJAMCO Mailing Address 760 WOOD DUCK (COLIRT NW	Date of Receipt
City ATLANTA FEC ID number of contributing	State Zip Code GA 30327	Transaction ID: SA11AI.62008 Amount of Each Receipt this Period 250.00
Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA ,	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		750.00

City NORTH LITTLE ROCK FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) ARISTEIDIE DIVERIS Mailing Address 825 N. SHERIDAN RD.	b 11c 12 15 16 17 soliciting contributions
Mailing Address 10 OAK TREE CIRCLE City State Zip Code NORTH LITTLE ROCK AR 72116 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ARISTEIDIE DIVERIS Mailing Address 825 N. SHERIDAN RD. Date of Receipt M M M M / D Other (specify) ▼ Date of Receipt M M M M / D Other (specify) ▼ Date of Receipt M M M M / D Other (specify) ▼ Date of Receipt M M M M / D Other (specify) ▼ Date of Receipt M M M M / D Other Mailing Address 825 N. SHERIDAN RD.	from such committee.
City NORTH LITTLE ROCK FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary Other (specify) ▼ Pull Name (Last, First, Middle Initial) ARISTEIDIE DIVERIS Mailing Address 825 N. SHERIDAN RD.	ot
NORTH LITTLE ROCK FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ARISTEIDIE DIVERIS Mailing Address 825 N. SHERIDAN RD. ARD 72116 Amount of Each Amount o	15 2008
FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) Other (specify) ARISTEIDIE DIVERIS Mailing Address 825 N. SHERIDAN RD.	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) ARISTEIDIE DIVERIS Mailing Address 825 N. SHERIDAN RD.	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ARISTEIDIE DIVERIS Mailing Address 825 N. SHERIDAN RD. Date of Receip	
ARISTEIDIE DIVERIS Mailing Address 825 N. SHERIDAN RD. Date of Receip M M M / D 0 4	
0 4	pt
City State Zip Code Transaction IE	28 Y Y Y Y Y Y 2008
LAVE FORFOT): SA11AI.62578
LAKE FOREST IL 60045 Amount of Each FEC ID number of contributing federal political committee.	ch Receipt this Period 500.00
Name of Employer Occupation LAKE FOREST HOSP ANESTHESIOLOGIST	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) WILLIAM DOMBROWSKI Date of Receip	ot
Mailing Address P.O. BOX 245	15 2008
): SA11Al.62051
	ch Receipt this Period
FEC ID number of contributing federal political committee.	350.00
Name of Employer HUNT VALLEY ANESTH ANESTHESIOLOGIST	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 350.00	
SUBTOTAL of Receipts This Page (optional)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 85 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST!	g the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NIVINE DORAN Mailing Address 6101 ROCKSBERG	G CT., N.E.	Zip Code	Date of Receipt M
ALBUQUERQUE FEC ID number of contributing federal political committee.	NM	87111	Amount of Each Receipt this Period 250.00
Name of Employer UNIV OF NEW MEXICO Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) STEPHANIE DRABIN Mailing Address 1600 N.W. FORK I	RD.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.62221
STUART FEC ID number of contributing federal political committee.	FL C	34994	Amount of Each Receipt this Period 1000.00
Name of Employer ATLANTIC COAST ANES Receipt For:	Occupation PHYSICI. Aggregate		
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) STEVEN DRYDEN Mailing Address 8820 MUD CREEK	(RD		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.62066
INDIANAPOLIS FEC ID number of contributing federal political committee.	C	46256	Amount of Each Receipt this Period 250.00
Name of Employer CTAI	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 85 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CLIFTON DUBOSE Mailing Address 4201 LAKE BREE	ZE DR.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City BENBROOK FEC ID number of contributing	State TX	Zip Code 76132	Transaction ID: SA11AI.62378 Amount of Each Receipt this Period
federal political committee. Name of Employer COVENANT MED GRP	Occupation	1	250.00
Receipt For: Primary General Other (specify)	 	ESIOLOGIST Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) VICTOR DUDZIK Mailing Address 2616 WHITCHUR	CH LANE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.61933
NAPERVILLE	<u> L</u>	60564	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer DUPAGE VALLEY ANES Receipt For:		ESIOLOGIST	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) JOEL DUNN			Date of Receipt
Mailing Address 120 BURFORD Ho	OLLOW		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City <u>ALPHARETTA</u>	State GA	Zip Code 30022	Transaction ID: SA11AI.62459
FEC ID number of contributing federal political committee.	C	30022	Amount of Each Receipt this Period 250.00
Name of Employer GWINNETT ANES SERV		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 85 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes of the commercial purposes.	Statements mane name and ad	ay not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) MICHAEL DUNN			Date of Receipt
	Mailing Address 303 AUBURN AVE			04 28 4 2008
	City MONROE	State LA	Zip Code 71201	Transaction ID: SA11AI.62582 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PARISH ANESTHESIA OF MONR- OE	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) WALTER DUNWIDDIE			Date of Receipt
	Mailing Address 1010 GIBSON MILL	RD.		04 25 2008
	City KINGSPORT	State TN	Zip Code 37660	Transaction ID: SA11AI.62376
	FEC ID number of contributing federal political committee.	C	37000	Amount of Each Receipt this Period 250.00
	Name of Employer LONESOME PINE HOSP	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) STEPHANIE DYER			Date of Receipt
	Mailing Address 1515 N SAM HOUST	ON		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ODESSA	State TX	Zip Code 79761	Transaction ID: SA11AI.62402 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7,0701	1000.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 85 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTE	the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL ENGLUND Mailing Address 101 SO. FIRST ST			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City BURBANK FEC ID number of contributing federal political committee.	State CA	Zip Code 91502	Transaction ID: SA11AI.62497 Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI. Aggregate		
Full Name (Last, First, Middle Initial) DAVID FANNING Mailing Address 3914 WINDOLYN (CIR.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BARTLETT FEC ID number of contributing federal political committee.	State TN	Zip Code 38133	Transaction ID: SA11AI.62361 Amount of Each Receipt this Period 500.00
Name of Employer METRO ANES ALLIANCE Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) MELVIN FERLITA Mailing Address 320 JADE CT.			Date of Receipt 0 4 1 5 2 0 0 8
City MADISONVILLE FEC ID number of contributing federal political committee.	State LA	Zip Code 70447	Transaction ID: SA11AI.62031 Amount of Each Receipt this Period 250.00
Name of Employer APMC Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1000.00

S	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 85
	TEMIZED RECEIPTS	for each category of the	(check only one)
ı	I EMIZED RECEIP 15	Detailed Summary Page	X 11a 11b 11c 12
		Detailed Gammary 1 age	13 14 15 16 17
	Any information copied from such Reports and Stat	rements may not be sold or used by any person	
c	or for commercial purposes, other than using the na	ame and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	angle AMERICAN SOCIETY OF ANESTHESIC	DLOGISTS POLITICAL ACTION COMM	MITTEE
\angle			
Α.	Full Name (Last, First, Middle Initial) JILL FLAXMAN		Date of Receipt
٦.	Mailing Address 63 DEAUVILLE CIR		M M / D D / Y Y Y Y
	Walling Address 63 DEAUVILLE CIA		04 15 2008
	City	State Zip Code	Transaction ID: SA11AI.62071
	LITTLE ROCK	AR 72223	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	250.00
	Name of Employer SELF-EMPLOYED	Occupation	
		ANESTHESIOLOGIST	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	250.00	
	Other (specify) ▼	200.00	
_	E. II Name (Least Eiget Middle to Col)		<u> </u>
3.	Full Name (Last, First, Middle Initial) PATRICK FORREST		Date of Receipt
٥.	Mailing Address 706 BOWLING AVE		M M / D D / Y Y Y Y
	700 BOWEING 7102		04 01 2008
	City	State Zip Code	Transaction ID: SA11AI.61784
	NASHVILLE	TN 37215	Amount of Each Receipt this Period
	FEC ID number of contributing		500.00
	federal political committee.		500.00
	Name of Employer ANESTHESIA MEDICAL GROUP	Occupation	
	Descipt For:	PHYSICIAN	-
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	500.00	
	Other (specify)		
_	Full Name (Last, First, Middle Initial)		
С.	MICHAEL FOX		Date of Receipt
	Mailing Address 15 W PENNY RD		M M / D D / Y Y Y
			04 25 2008
	City	State Zip Code	Transaction ID: SA11Al.62359
	SOUTH BARRINGTON	IL 60010	Amount of Each Receipt this Period
	FEC ID number of contributing	C	500.00
	federal political committee.		
	Name of Employer BARRINGTON ANES	Occupation	1
	BARRINGTON ANES	ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General		
	Other (specify) ▼	500.00	
			'
Г			
	SUBTOTAL of Receipts This Page (optional)		1250.00
H	as a second into a de (apriorial)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 85 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LAWRENCE FRANK Mailing Address P.O. BOX 9779			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CORAL SPRINGS FEC ID number of contributing	State FL	Zip Code 33075	Transaction ID: SA11AI.62229 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation ANESTH	n ESIOLOGIST Year-to-Date ▼	
Full Name (Last, First, Middle Initial) GREGORY GAY Mailing Address 1316 COMFORT RI	D.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City AUGUSTA FEC ID number of contributing federal political committee.	State GA	Zip Code 30909	Transaction ID: SA11AI.62077 Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation ANESTH	ESIOLOGIST Pyear-to-Date 250.00	
Full Name (Last, First, Middle Initial) FREDERICK GEHRMANN Mailing Address 800 E. CARPENTEI	R		Date of Receipt
City SPRINGFIELD FEC ID number of contributing federal political committee.	State IL	Zip Code 62769	Transaction ID: SA11AI.62345 Amount of Each Receipt this Period 500.00
Name of Employer SAGAMON ASSOC ANES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 85 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) RODERICK GEX			Date of Receipt
Mailing Address 9801 EDGEVIEW F	PL.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LAS VEGAS	State NV	Zip Code 89134	Transaction ID: SA11AI.62631 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00104	500.00
Name of Employer SOUTHWEST MED ASSOC	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KENNETH GIRALDO			Date of Receipt
Mailing Address 5831 BEE RIDGE F	RD STE 100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SARASOTA	State FL	Zip Code 34233	Transaction ID: SA11AI.62641
FEC ID number of contributing federal political committee.	C	34233	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- 1 ·	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PATRICE GOGGINS			Date of Receipt
Mailing Address 4561 OLDE PERIM	IETER WAY, #2	2304	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ATLANTA	State GA	Zip Code 30346	Transaction ID: SA11AI.62313
FEC ID number of contributing federal political committee.	C	30340	Amount of Each Receipt this Period 250.00
Name of Employer AMBULATORY ANES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GLENN GOLLOBIN		Date of Receipt
Mailing Address 3514 BAYARD	7.0.1	04 05 2008
City <u>CINCINNATI</u>	State Zip Code OH 45208	Transaction ID: SA11AI.61826 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer ANESTHESIA ASSOCIATES OF CINCINNATI Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) B. JEFFREY GRAHAM		Date of Receipt
Mailing Address 3808 64TH ST NE		04 11 7 2008
City	State Zip Code	Transaction ID: SA11AI.61992
TUSCALOOSA FEC ID number of contributing federal political committee.	AL 35406	Amount of Each Receipt this Period 250.00
Name of Employer APMC	Occupation STAFF ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. ARTHUR GRAY		Date of Receipt
Mailing Address 5886 KENTUCKY D	OWNS DR	04 09 7 2008
City MACON	State Zip Code GA 31210	Transaction ID: SA11AI.61915 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .	1050.00
TOTAL This Period (last page this line numb	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 85 (check only one) X 11a 11b 11c 12
Any information copied from such Report for commercial purposes, other than	rts and Statements may not be sold or used by any persousing the name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANI	ESTHESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ALAN GREENBERG Mailing Address 11990 N. 103F		Date of Receipt
City	State Zip Code	0 4 2 9 2 0 0 8 Transaction ID: SA11AI.62603
SCOTTSDALE	AZ 85260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer VALLEY ANES CONSULT	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WES GREYDANUS		Date of Receipt
Mailing Address 8902 RANDAL		04 01 2008
CIC HARROR	State Zip Code WA 98332	Transaction ID: SA11AI.61788
GIG HARBOR FEC ID number of contributing federal political committee.	WA 98332	Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation PHYSICIAN AND ANESTHESIOLOG	— GI\$T
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN GRIMES		Date of Receipt
Mailing Address 2120 HASTING	GS DR.	04 09 7 2008
City <u>CHARLOTTE</u>	State Zip Code NC 28207	Transaction ID: SA11AI.61923
FEC ID number of contributing federal political committee.	C 28207	Amount of Each Receipt this Period 500.00
Name of Employer SE ANESTH	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	otional)	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 85 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MATTHEW GUIDRY Mailing Address 220 BRIGHTON F	ROAD		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ATLANTA FEC ID number of contributing	State GA	Zip Code 30309	Transaction ID: SA11AI.61818 Amount of Each Receipt this Period 250.00
Rame of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA Receipt For: Primary Other (specify) ▼	Occupation ANESTHE	ESIOLOGIST Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LAWRENCE GUISINGER Mailing Address 21 LIBERTY ST.			Date of Receipt 0 4 2 5 2 0 0 8
City PIERMONT	State NY	Zip Code 10968	Transaction ID: SA11AI.62388 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIA	AN	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) TIMOTHY GUNDLACH			Date of Receipt
Mailing Address 9008 UNBRIDLE I	LANE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City WAXHAW	State NC	Zip Code 28173	Transaction ID: SA11AI.61822 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)		1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANES	STHESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) CHRISTOPHER GUNN		Date of Receipt
Mailing Address 840 PINE ST., S	UITE 770	04 09 2008
City	State Zip Code	Transaction ID: SA11Al.61913
MACON	GA 31201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NEXUS MED GRP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BRENT HAGEMEISTER	I	Date of Receipt
Mailing Address 8038 BAR-LE-DO	OC DR.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.62461
CORPUS CHRISTI	TX 78414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GULF SHORES ANESTH	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) COREY HAGGARD		Date of Receipt
Mailing Address P.O. BOX 98046)	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.62129
LUBBOCK FEC ID number of contributing	TX 79499	Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer	Occupation	
	ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti	onal)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN HASEWINKEL Mailing Address 11615 E. 100 N.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City SHERIDAN FEC ID number of contributing federal political committee.	State IN	Zip Code 46069	Transaction ID: SA11AI.62447 Amount of Each Receipt this Period 250.00
Name of Employer WISHARD ANES GRP Receipt For: Primary General Other (specify) ▼	Occupatio PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) DANIEL HASFURTHER Mailing Address 1356 WOLF RUN F	ROAD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.61909
RENO FEC ID number of contributing federal political committee.	C	89511	Amount of Each Receipt this Period 250.00
Name of Employer ANESTH CONSULTANTS	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) ALLEN HAYMAN			Date of Receipt
Mailing Address 70 PHIPPS ROAD			04 20 2008
City	State	Zip Code	Transaction ID: SA11Al.62213
PORTLAND FEC ID number of contributing federal political committee.	C	04102	Amount of Each Receipt this Period 500.00
Name of Employer YORK HOSPITAL	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	J)(li		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 85 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	η not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ALLEN HAYMAN			Date of Receipt
Mailing Address 70 PHIPPS ROAD			0 4 2 2 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.62248
PORTLAND	ME	04102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer YÖRK HOSPITAL	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) ROBERT HEFLIN			Date of Receipt
Mailing Address #6 FAIRVIEW HEIGHT	ΓS		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.62574
PARKERSBURG	WV	26101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UNITED ANESTH INC	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) NANCY HIGH			Date of Receipt
Mailing Address 1390 LAKE JOSEPHIN	IE DR.		04 29 2008
City	State	Zip Code	Transaction ID: SA11Al.62617
SEBRING	<u>FL</u>	33875	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer HEARTLAND QUALITY ANES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 32 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
A .	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES Full Name (Last, First, Middle Initial) SCOTT HOPE			MITTEE Date of Receipt
	Mailing Address 9223 PRINCETON ST. City HIGHLANDS RANCH FEC ID number of contributing federal political committee.	State CO	Zip Code 80130	Transaction ID: SA11AI.62059 Amount of Each Receipt this Period 500.00
	Name of Employer S DENVER ANESTH Receipt For: Primary General Other (specify) ▼		ern HESIOLOGIST e Year-to-Date ▼	
В.	Full Name (Last, First, Middle Initial) STEPHEN HOUDE Mailing Address 807 ALBEROSKY WAY City BATAVIA FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)	State IL C Occupation ANESTH	Zip Code 60510 on HESIOLOGY e Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) JOHN HUNTER Mailing Address 46-133 PUNALEI ST City KANEOHE FEC ID number of contributing federal political committee. Name of Employer THE ANES MED GRP Receipt For: Primary General Other (specify)	State HI C Occupation PHYSIC Aggregate		Date of Receipt M M M / 22
	SUBTOTAL of Receipts This Page (optional)			1000.00

		_	
•	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 85
	TEMIZED RECEIPTS	for each category of the	(check only one)
'	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
_			13 14 15 16 17
	Any information copied from such Reports and Stater or for commercial purposes, other than using the nam	nents may not be sold or used by any perso the and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	AMERICAN SOCIETY OF ANESTHESION	OGISTS POLITICAL ACTION COM	MITTEE
∠ A .	Full Name (Last, First, Middle Initial) ROBERT IMPASTATO		Date of Receipt
	Mailing Address 19 BARRETT HILL RD.		04 09 7 2008
	City	State Zip Code	Transaction ID: SA11Al.61955
	HOPEWELL JUNCTION	NY 12533	Amount of Each Receipt this Period
			- Vallount of Each Floodpt till Tollod
	FEC ID number of contributing federal political committee.	C	250.00
	NADA ' '	Occupation ANESTHESIOLOGIST	
			\dashv
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
	Other (specify)		
- В.	Full Name (Last, First, Middle Initial) SHELLEY JACKS		Date of Receipt
	Mailing Address 421 SUMMIT RIDGE RD		M M / D D / Y Y Y Y
		Olate 7's Oak	04 25 2008
	City	State Zip Code	Transaction ID: SA11AI.62319
	BOISE	ID 83702	Amount of Each Receipt this Period
	FEC ID number of contributing	С	250.00
	federal political committee.		
	Name of Employer	Occupation	┥
	RADA ' '	ANESTHESIOLOGIST	
	- · · · · · · · · · · · · · · · · · · ·	Aggregate Year-to-Date ▼	-
	Primary General	aggregate real to Date	
	Other (specify) ▼	250.00	
		0 0 0 0 0 0 0 0 0	
С. С.	Full Name (Last, First, Middle Initial) FREDERICK JACQUES		Date of Receipt
	Mailing Address 1631 HOSPITAL DR.,STE	., #110	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.61925
	SANTA FE	NM 87505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
		Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General		1
	Other (specify) ▼	500.00	
		* * * * * * * * * * * * * * * * * * * *	1
Γ			
	SUPTOTAL of Doccinto This Docc (antional)		1000.00
L	SUBTOTAL of Receipts This Page (optional)	-	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 85 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAY JAFFEE Mailing Address 3809 SILVER FALLS City PLANO FEC ID number of contributing federal political committee. Name of Employer PINNACLE ANES CONSUL Receipt For: Primary General	State TX C Occupation ANESTHI	ESIOLOGIST Year-to-Date ▼	Date of Receipt M M 2 2 2 0 0 8
Full Name (Last, First, Middle Initial) SANJAY JAIN Mailing Address 135 CLARK STREET City NEWTON FEC ID number of contributing federal political committee. Name of Employer AAM Receipt For:	State MA C Occupation ANESTHI	Zip Code 02459 ESIOLOGIST Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) PAUL JASZEWSKI Mailing Address 19449 PENINSULA S City CORNELIUS FEC ID number of contributing federal political committee. Name of Employer	SHORES DR. State NC C	Zip Code 28031	Date of Receipt M M / D D / Y Y Y Y Y O 4 25 2008 Transaction ID: SA11AI.62483 Amount of Each Receipt this Period 250.00
Name of Employer SOUTHEAST ANESTH Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)	PHYSICI/ Aggregate	AN Year-to-Date ▼ 250.00	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any petthe name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JODIE JOHNSON		Date of Receipt
Mailing Address 702 BARNHILL DR. City	, ROOM 2001 State Zip Code	0 4 1 5 2 0 0 8 Transaction ID: SA11AI.62073
INDIANAPOLIS	IN 46202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer INDIANA UNIV ANES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RICHARD JOHNSTON Mailing Address 89562 DEMMING R	OAD	Date of Receipt
		04 22 2008
City	State Zip Code	Transaction ID: SA11AI.62273
ELMIRA FEC ID number of contributing federal political committee.	OR 97437	Amount of Each Receipt this Period 250.00
Name of Employer NORTHWEST ANESTHESIA PHYS- ICIANS	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID KALISH		Date of Receipt
Mailing Address 840 PINE STREET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.62131
MACON	GA 31201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NEXUS MED GRP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DOUGLAS KAMINSKI			Date of Receipt
Mailing Address 4341 TRAILS END	DR.		04 25 2008
City DAYTON	State OH	Zip Code 45429	Transaction ID: SA11AI.62437 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	TOTES	250.00
Name of Employer MT GREEN ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SCOTT KERCHEVILLE			Date of Receipt
Mailing Address 14 ETON GREEN	CIRCLE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAN ANTONIO	State TX	Zip Code	Transaction ID: SA11AI.61799
FEC ID number of contributing federal political committee.	C	78257	Amount of Each Receipt this Period 250.00
Name of Employer UTHSCSA	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JEFFREY KING			Date of Receipt
Mailing Address 110 29TH AVE. N.,	#202		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NASHVILLE	State TN	Zip Code 37203	Transaction ID: SA11AI.62083 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37203	300.00
Name of Employer ANES MED GRP	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)		800.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 85 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any pe e name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION CO	DMMITTEE
. ∠ \.	Full Name (Last, First, Middle Initial) BRIAN KOPEIKIN		Date of Receipt
	Mailing Address 22 NICHOLAS LANE	7.0.1	04 25 2008
	City SANTA BARBARA	State Zip Code CA 93108	Transaction ID: SA11AI.62386 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer ANES MED GRP SB	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- s.	Full Name (Last, First, Middle Initial) DAVID KRAFTSOW Mailing Address 1301 ANGLEWOOD	ND.	Date of Receipt
	Mailing Address 1301 ANGLEWOOD	04 09 2008	
	City	State Zip Code	Transaction ID: SA11AI.61879
	BIRMINGHAM	AL 35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer SO PERIOPERATIVE SV	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) DAVID KRAFTSOW		Date of Receipt
	Mailing Address 1301 ANGLEWOOD	DR.	04 25 2008
	City	State Zip Code	Transaction ID: SA11AI.62400
	BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35216	Amount of Each Receipt this Period 250.00
	Name of Employer SPS	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	750.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers he name and address of any political committee to	
` '	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) TIMOTHY LAIR Mailing Address 5551 LAKERIDGE		Date of Receipt
City	State Zip Code	0 4 0 9 2 0 0 8 Transaction ID: SA11AI.61919
SHAWNEE	KS 66218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer MWA	Occupation ANESTHESIOLOGY PAIN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) WILLIAM LANE		Date of Receipt
Mailing Address 151 GLENEAGLES (CIR.	0 4 D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.61921
MACON	GA 31210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) SANTIAGO LARDIZABAL	-	Date of Receipt
Mailing Address 5309 W. MISTY WIL	LOW LANE	0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GLENDALE	State Zip Code AZ 85374	Transaction ID: SA11AI.61801 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer AMP	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
	1	1750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) SEAN LEACH	- -		Date of Receipt
	Mailing Address 6410 S. 66TH STREE		7: Od-	04 16 2008
	City LINCOLN	State NE	Zip Code 68516	Transaction ID: SA11AI.62188 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.C.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) RICK LEE			Date of Receipt
	Mailing Address 1117 WHISPERING	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: SA11AI.62000
	GOODE FEC ID number of contributing federal political committee.	C	24556	Amount of Each Receipt this Period 250.00
	Name of Employer SELF	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) PETER LEONARD			Date of Receipt
	Mailing Address 3705 MONTICELLO			0 4 2 5 2 0 0 8
	City FORT WORTH	State TX	Zip Code 76107	Transaction ID: SA11AI.62339 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70107	250.00
	Name of Employer SELF	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00
	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 85 (check only one)			
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) JAMES LEVINE			Date of Receipt			
Mailing Address 4164 CART PATH (Mailing Address 4164 CART PATH CT.					
City TERRE HAUTE	State IN	Zip Code 47802	Transaction ID: SA11AI.61885 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) GREGAR LIND			Date of Receipt			
Mailing Address 2825 STOCKYARD	0 4 2 1 2 0 0 8					
City MISSOULA	State MT	Zip Code 59808	Transaction ID: SA11AI.62223 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	33000	250.00			
Name of Employer MISSOULA ANESTH	Occupation PHYSICI					
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) JOHN LINK			Date of Receipt			
Mailing Address 800 E. CARPENTE	R		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City SPRINGFIELD	State IL	Zip Code 62769	Transaction ID: SA11AI.62343 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	527.55	500.00			
Name of Employer SANGAMON ASSOC ANES	Occupation ANESTH	n ESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optional			1000.00			

ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 85
Any information cop or for commercial p	oied from such Reports and surposes, other than using th	Statements ma e name and ad	 y not be sold or used by any perso dress of any political committee to	n for the purpose of solici solicit contributions from	15 16 1 ting contributions such committee.
1 \	IMITTEE (In Full) SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE	
SHAOXIONG LIL				Date of Receipt	
	91 PROSPECT HILL		7% Code	04 23	2008
City <u>TEWKSBUR</u> Y	(State MA	Zip Code 01876	Transaction ID: SA Amount of Each Re	
FEC ID number federal political of		C			450.00
Name of Employ LAWRENCE G	/er ENERAL HOSPITAL	Occupatio PHYSICI			
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 450.00		
Full Name (Last	, First, Middle Initial) E			Date of Receipt	
Mailing Address	1780 W. WESLEY RI	0 4 1 5	2008		
City		State	Zip Code	Transaction ID: S/	
ATLANTA	of a soldholder	GA	30327	Amount of Each Re	
FEC ID number federal political of	committee.	C			500.00
Name of Employ RIVERDALE A	ver NES ASSOC	Occupatio ANESTH	n IESIOLOGIST		
Receipt For:		Aggregate	e Year-to-Date ▼		
Primary Other (spe	☐ General ecify) ▼		500.00		
Full Name (Last EDWIN LOJESK	, First, Middle Initial)			Date of Receipt	
Mailing Address	VA MEDICAL CENTE 215 N MAIN ST., #11			0 4 D D 0 3	2008
City	D ILINOTI	State VT	Zip Code	Transaction ID: SA	
WHIRE RIVE FEC ID number federal political of	of contributing	C	05009	Amount of Each Re	250.00
Name of Employ VA	<i>r</i> er	Occupatio PHYSIC			
Receipt For:	Ganaral	Aggregate	e Year-to-Date ▼		
Primary Other (spe	☐ General ecify) ▼		250.00		
SUBTOTAL of Re	cointe This Page (entional)	1			1200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	4)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 85 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) BRIAN LOPP			Date of Receipt
Mailing Address 2401 WYNDEMER	E BAY		04 14 2008
City	State	Zip Code	Transaction ID: SA11AI.62010
SPRINGFIELD	IL	62711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- ST	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) SERGEI MARGULIAN	L		Date of Receipt
Mailing Address 40 B LINDEN AVEN	IUE		04 29 7 2008
City	State	Zip Code	Transaction ID: SA11Al.62657
SPRINGFIELD	NJ	07081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		450.00
Name of Employer UNION ANESTHESIA ASS.	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) RICCARDO MARINELLI			Date of Receipt
Mailing Address 2059 RED COACH	RD.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.62369
ALLISON PARK	PA	15101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WESTERN PA ANESTH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional			1200.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 85
	TEMIZED RECEIPTS		for each category of the	(check only one)
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	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESI	OLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) JONATHAN MARTIN			Date of Receipt
	Mailing Address 22 NORTH, 920 EAST			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.62405
	OREM	UT	84097	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer UWA	Occupation	n HESIOLOGIST	7
	Receipt For:		e Year-to-Date ▼	
	Primary General	riggrogati		1
	Other (specify) ▼		250.00	
				1
- В.	Full Name (Last, First, Middle Initial) STEPHEN MAZE	Date of Receipt		
	Mailing Address ANES. OFFICE SERVIO	M M / D D / Y Y Y Y		
		04 09 2008		
	City	State	Zip Code	Transaction ID: SA11Al.61856
	<u>HIAWATHA</u>	IA	52233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LINN COUNTY ANESTH	Occupation	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	7.99.094.	1 1 1 1 1 1 1	1
	Other (specify)		250.00	
с. С.	Full Name (Last, First, Middle Initial) DONNIE MCMICKLE			Date of Receipt
-	Mailing Address 406 1ST AVE.			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: SA11AI.61911
	ALBANY	GA	31701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ALBANY ANES ASSOC	Occupation		
		-	HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)			
г				
				1000.00
	SUBTOTAL of Receipts This Page (optional)	·····	<u></u>	1000.00

Mailing Address P.O. BOX 327 City State Zip Code HOLDEN ME 04429 FEC ID number of contributing federal political committee. Name of Employer EMMC Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) State Zip Code Transaction ID: SA11Al.62182 Amount of Each Receipt this Period 250.00 Transaction ID: SA11Al.62182 Amount of Each Receipt this Period 250.00					
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) VURY MEDVID Maling Address P.O. BOX 327 City State Zip Code HOLDEN ME 04429 FEC ID number of contributing federal political committee. Name of Employer EMM Physicial Name (Last, First, Middle Initial) Physicial Name (Last, First, Middle Initial) Physicial Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code NU 08943 FEC ID number of contributing federal political committee. City State Zip Code NURDES ANES ASSOC NAESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ City State Zip Code NAMESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Date of Receipt 10 4 2 2 9 2 0 0 8 17 ansaction ID: SA11Al.62349 Amount of Each Receipt this Period Date of Receipt 10 4 2 2 5 2 0 0 8 17 ansaction ID: SA11Al.62349 Transaction ID: SA11Al.62349 Transaction ID: SA11Al.62349 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.62349 Transaction ID: SA11Al.62349 Transaction ID: SA11Al.62349 Amount of Each Receipt Transaction ID: SA11Al.62349 Transaction ID: SA11Al.62349 Amount of Each Receipt Transaction ID: SA11Al.62349 Transaction ID: SA11Al.62349 Amount of Each Receipt Transaction ID: SA11Al.62349 Transaction ID: SA11Al.62349 Transaction ID: SA11Al.62349 Transaction ID:	Г				
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B. Full Name (Last, First, Middle Initial) PARAGMODI Mailing Address 26 REGENCY DR City VOORHEES NJ 08043 FEC ID number of contributing federal political committee. Name of Employer LOURDES ANES ASSOC Receipt For: Primary General Other (specify) CIty State Zip Code NJ 08043 Transaction ID: SA11Al.62647 Amount of Each Receipt this Period 250.00 Date of Receipt Transaction ID: SA11Al.62647 Amount of Each Receipt this Period 250.00 Date of Receipt Transaction ID: SA11Al.62647 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.62349 Transaction ID: SA11Al.62349 Amount of Each Receipt this Period CIty WEST SIMSBURY CT 06092 Transaction ID: SA11Al.62349 Amount of Each Receipt this Period CC Name of Employer WOODLAND ANESTH Receipt For: Primary General Other (specify) Aggregate Year-to-Date Occupation ANESTHESIOLOGIST Aggregate Year-to-Date Aggregate Year-to-Date Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date Aggregate Year-to-Date 250.00		Primary General	1 33 - 3		1
B. PARAG MODI Mailing Address 26 REGENCY DR City State Zip Code NJ 08043 FEC ID number of contributing federal political committee. Name of Employer CT 06092 FUIl Name (Last, First, Middle Initial) City State Zip Code NJ 08043 Transaction ID: SA11Al.62647 Amount of Each Receipt this Period Date of Receipt Tonumber of Contributing federal political committee. Date of Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt Tonumber of Contributing federal political committee. City State Zip Code Transaction ID: SA11Al.62349 WEST SIMSBURY CT 06092 FEC ID number of contributing federal political committee. Name of Employer WOODLAND ANESTH Receipt For: Primary General Occupation ANESTHESIOLOGIST Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00		Other (specify) ▼	0 0	250.00	
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VOORHEES NJ 08043 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 0ccupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt Mailing Address 20 RUTHIES LN. City State Zip Code WEST SIMSBURY FEC ID number of contributing federal political committee. C 1 0ccupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11AI.62349 Amount of Each Receipt this Period Date of Receipt M M / 0 D / 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Mailing Address 26 REGENCY DR			
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WEST SIMSBURY FEC ID number of contributing federal political committee. Name of Employer WOODLAND ANESTH Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 250.00 Amount of Each Receipt this Period 250.00		City	State	Zip Code	Transaction ID: SA11Al.62349
Receipt For: Primary Other (specify) ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00 Aggregate Year-to-Date 250.00		WEST SIMSBURY	CT	06092	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			C		250.00
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Name of Employer WOODLAND ANESTH			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COMI	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS MUKKADA Mailing Address 41 WOODSHIRE I City OTTUMWA FEC ID number of contributing federal political committee. Name of Employer OTTUMWA ANESTH Receipt For: Primary General Other (specify)	State Zip Code IA 52501 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JOHN MULLICAN Mailing Address 1631 HOSPITAL E City SANTA FE FEC ID number of contributing federal political committee.	DR., STE. #110 State Zip Code NM 87505	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer SANTA FE ANES SPEC Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) THOMAS NAVAR Mailing Address 5400 SUNCREST City EL PASO FEC ID number of contributing	State Zip Code TX 79912	Date of Receipt M M M / 29 / 2008 Transaction ID: SA11AI.62621 Amount of Each Receipt this Period
Federal political committee. Name of Employer ANES CONSULT ASSOC Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	500.00
	al)	1250.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and State of for commercial purposes, other than using the report of NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI			
∠ A .	Full Name (Last, First, Middle Initial) MARGARET NEGRETE Mailing Address 5812 DIAMOND POINT			Date of Receipt
				04 25 2008
	City	State TX	Zip Code	Transaction ID: SA11AI.62407
	EL PASO FEC ID number of contributing federal political committee.	C	79912	Amount of Each Receipt this Period 500.00
	Name of Employer ANESTH CONSULTANTS	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) BRIAN NELSON			Date of Receipt
	Mailing Address 1708 E 3450 N			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.62099
	LOGAN	UT	84341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer INTERWEST ANES ASSOC	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) EDUARD NEMIROVSKY			Date of Receipt
	Mailing Address 8174 HILLCREST DR.			0 4 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.62125
	MANASSAS	VA	20111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MAA PC	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1000.00
H	<u> </u>		<u> </u>	-

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Benorts a	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 47 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 11				
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee to	solicit contributions from such committee.				
Full Name (Last, First, Middle Initial) DEBORAH NICHOLAS		Date of Receipt				
Mailing Address 1631 HOSPITAL L	Mailing Address 1631 HOSPITAL DR., SUITE 110					
City	State Zip Code	Transaction ID: SA11Al.61927				
SANTA FE	NM 87505	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer SANTA FE ANES SPEC	Occupation PHYSICIAN					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) DEAN NICHOLS		Date of Receipt				
City	State Zip Code	Transaction ID: SA11AI.61945				
CENTENNIAL	CO 80016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer METRO DENVER ANES	Occupation ANESTHESIOLOGIST					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) JASON PARKER		Date of Receipt				
Mailing Address 12811 ST. CHARL	ES BLVD.	0 4 2 5 2 0 0 8				
City	State Zip Code	Transaction ID: SA11Al.62374				
LITTLE ROCK	AR 72211	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer LITTLE ROCK ANES SERV	Occupation ANESTHESIOLOGIST					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (option	al)	1000.00				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 48 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	g the name and address of any political committee to	
Full Name (Last, First, Middle Initial) MITESH PATEL Mailing Address 8821 COUNTRY (GLEN CROSSING	Date of Receipt
City PLANO	State Zip Code TX 75024	0 4 0 9 2 0 0 8 Transaction ID: SA11AI.61970
FEC ID number of contributing federal political committee.	C 73024	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JOEL PAVELONIS Mailing Address 6140 E. CALLE D	EL SUD	Date of Receipt
City SCOTTSDALE	State Zip Code AZ 85251	Transaction ID: SA11Al.62260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BEVERLY PEARCE-SMITH		Date of Receipt
Mailing Address 4137 DUNDEE DF		0 4
City MURRYSVILLE	State Zip Code PA 15668	Transaction ID: SA11AI.62047 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UPMC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEREMIE PERRY Mailing Address 2410 WHISPERIN	G OAKS CT.	Date of Receipt
City	State Zip Code	0 4 2 5 2 0 0 8 Transaction ID: SA11AI.62491
ABILENE FEC ID number of contributing federal political committee.	TX 79606	Amount of Each Receipt this Period 250.00
Name of Employer ABILENE DIAGNOSTIC Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) ERIC PERSILY Mailing Address 126 WHISPERING	WOODS RD	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHARLESTON FEC ID number of contributing federal political committee.	State Zip Code WV 25304	Transaction ID: SA11AI.62205 Amount of Each Receipt this Period 250.00
Name of Employer GENERAL ANESTHESIA SERVIC- ES, INC. Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MICHAEL PETROVER Mailing Address 22143 HOLLYHOO	YK TRAII	Date of Receipt
City BOCA RATON	State Zip Code FL 33433	Transaction ID: SA11AI.62415 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE ANESTH	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 85 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) GAIL PETTERS Mailing Address 460-A GIBBS AVE. City NEWPORT FEC ID number of contributing federal political committee. Name of Employer NEWPORT ANES PARTN Receipt For: Primary General Other (specify)	1	Zip Code 02840 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ B.	Full Name (Last, First, Middle Initial) GAIL PIRIE Mailing Address 3939 'J' ST., #310 City SACRAMENTO FEC ID number of contributing federal political committee. Name of Employer SACRAMENTO ANESTH Receipt For: Primary General Other (specify)	State CA C Occupatio PHYSICI Aggregate		Date of Receipt M M M D D D Z D O 8 Transaction ID: SA11AI.61949 Amount of Each Receipt this Period 250.00
- С.	Full Name (Last, First, Middle Initial) JOHN QUINN Mailing Address 90 COWDRAY PARK City COLUMBIA FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY CONSULTANTS OF COLUMBIA Receipt For: Primary General Other (specify)		Zip Code 29223 n IESIOLOGIST e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / 2008 Transaction ID: SA11AI.61802 Amount of Each Receipt this Period 500.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of			1000.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 85 (check only one) X 11a
or for co	mmercial purposes, other than using the E OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AME	ERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
A. OWE	lame (Last, First, Middle Initial) N RAHMAN			Date of Receipt
Mailir 	ng Address 4580 ISLAND REEF D	R.		04 25 2008
City	LINIOTON	State	Zip Code	Transaction ID: SA11AI.62479
FEC	LINGTON ID number of contributing al political committee.	FL C	33449	Amount of Each Receipt this Period 250.00
	e of Employer RIDAN HEALTH CORP	Occupation		_
Rece	ipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
B. DOUG	lame (Last, First, Middle Initial) G RENNELS			Date of Receipt
Mailir	ng Address 1715 RIDGEWOOD A	VΕ		0 4 1 5 2 0 0 8
City		State	Zip Code	Transaction ID: SA11Al.62186
<u>OM/</u>		NE	68124	Amount of Each Receipt this Period
federa	ID number of contributing al political committee.	C		250.00
Name ANES	e of Employer STHESIA WEST,PC	Occupation ANESTH	on HESIOLOGIST	
Rece	ipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
C. JAME	lame (Last, First, Middle Initial) S RIOPELLE			Date of Receipt
Mailir	ng Address 13201 RIVER RD.			04 28 2008
City	V ORI FANO	State	Zip Code	Transaction ID: SA11AI.62558
-	V ORLEANS ID number of contributing	LA	70131	Amount of Each Receipt this Period
	al political committee.	C		250.00
	e of Employer HSC	Occupation ANESTH	on HESIOLOGIST	
Rece	ipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼		250.00	
SUBTO	TAL of Receipts This Page (optional)			750.00
	This Period (last page this line number		<u> </u>	

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 85 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal part of the name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LARRY ROBBINS Mailing Address 11 BRIAR CLIFF DR. City WILBRAHAM FEC ID number of contributing federal political committee. Name of Employer SPRINGFIELD ANES SERV Receipt For: Primary General Other (specify)	State Zip Code MA 01095 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M / 21 / 2008 Transaction ID: SA11AI.62233 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) JAIME RONDEROS Mailing Address 6024 PEDERNALES City NORTH RICHLAND HIL FEC ID number of contributing federal political committee. Name of Employer PINNACLE PART IN MED Receipt For: Primary General Other (specify)	RIDGE State Zip Code TX 76180 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) GLEN ROSENFELD Mailing Address 25 FULTON PLACE City WEST HARTFORD FEC ID number of contributing federal political committee. Name of Employer MILFORD ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)	State Zip Code CT 06107 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / 25 / 2008 Transaction ID: SA11AI.62500 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .	· 	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 85 (check only one) X 11a
or for commercial purposes, other than using	and Statements may not be sold or used by any pers ng the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JEFFREY RUBIN		Date of Receipt
Mailing Address 11311 PENFIELD	DLN., N.E.	0 4 2 9 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.62613
ALBUQUERQUE	NM 87111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GOLDSTAR ASSOC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JAMES SAMS		Date of Receipt
Mailing Address 535 PINE TREE [DRIVE	04 03 7 2008
City	State Zip Code	Transaction ID: SA11Al.61814
ATLANTA	GA 30305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOSEPH SCANIFFE		Date of Receipt
Mailing Address 11 GLENMORE [DR.	04 09 2008
City <u>FARMINGTON</u>	State Zip Code CT 06032	Transaction ID: SA11Al.61943 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MILFORD ANES ASSOC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
AMERICAN SOCIETY OF ANESTHES	IOLOGIST	5 POLITICAL ACTION COM	IVIIIIEE
Full Name (Last, First, Middle Initial) ANTHONY SCHINELLI			Date of Receipt
Mailing Address 1855 VERMACK CT.			04 03 2008
City	State	Zip Code	Transaction ID: SA11AI.61810
DUNWOODY	GA	30338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PSA	Occupatio MD	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KARL SENNOWITZ			Date of Receipt
Mailing Address 1199 PRINCE AVE.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.62552
ATHENS	GA	30606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MED CTR ANES ATHENS	Occupation PHYSIC		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JEFFREY SERWIN			Date of Receipt
Mailing Address 4726 DOW RIDGE RD			04 25 7 2008
City	State	Zip Code	Transaction ID: SA11AI.62325
ORCHARD LAKE	MI	48324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 85 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	v not be sold or used by any pers	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) WILLIAM SHURLEY			Date of Receipt
Mailing Address 7954 DEXTER RD.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.62177
CORDOVA	TN	38016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer METROPOLITAN ANES	Occupation PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) DAVID SIEGEL	· ·		Date of Receipt
Mailing Address 7014 GUADALUPE	TRAIL, N.W.		04 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.61929
ALBUQUERQUE	NM	87107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SANTA FE ANES SPEC	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MARK SILVERBERG	I		Date of Receipt
Mailing Address 649 THORNMEADO	OW RD.		04 15 7 2008
City	State	Zip Code	Transaction ID: SA11AI.62070
RIVERWOODS	<u> L</u>	60015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MOBILE ANESTH	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ne name and address of any political committee to estimate the solution of the	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL SIMON Mailing Address 2400 DUNDEE RD City	State Zip Code FL 33884	Date of Receipt 0 4 2 5 2 0 0 8 Transaction ID: SA11AI.62321
WINTER HAVEN FEC ID number of contributing federal political committee.	FL 33884	Amount of Each Receipt this Period 500.00
Name of Employer ANES CONSUL CEN FL Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) KIERAN SLEVIN Mailing Address 231 PINE STREET		Date of Receipt 0 4 1 0 2 0 0 8
City PHILADELPHIA FEC ID number of contributing	State Zip Code PA 19106	Transaction ID: SA11AI.61980 Amount of Each Receipt this Period
federal political committee. Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation ANESTHESIOLOGIST	500.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ALAN SMITH Mailing Address 3563 GRANITE WAY	,	Date of Receipt
City MARTINEZ	State Zip Code GA 30907	Transaction ID: SA11AI.62473 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES CONSULT AUGUSTA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for e Deta	separate schedule(s) ach category of the iiled Summary Page sold or used by any persor	FOR LINE NUMBER: PAGE 57 / 85 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and address of	any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANDREW SMITH Mailing Address 2115 N.E. 27TH ST.			Date of Receipt
City RENTON) Code 056	Transaction ID: SA11AI.62645 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	000	250.00
Name of Employer VALLEY ANES ASSOC	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. JOSHUA SMITH	1405		Date of Receipt
Mailing Address 505 LANSDOWNE P City	State Zip) Code	0 4 22 2008 Transaction ID: SA11Al.62241
BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35	226	Amount of Each Receipt this Period 1000.00
Name of Employer UNIV OF ALABAMA-BIRMINGHAM	Occupation ANESTHESIOL	OGIST	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) NANCY STAATS			Date of Receipt
Mailing Address 47 ORCHARD LANE			04 09 4 2008
City COLTS NECK		Ocode 722	Transaction ID: SA11AI.61897 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOL	OGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		>	1750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 85 (check only one) X 11a
C C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
۷.	Full Name (Last, First, Middle Initial) STAN STRICKLAND			Date of Receipt
	Mailing Address P.O. BOX 8039			04 / 15 / 2008
	City FAYETTEVILLE	State AR	Zip Code 72703	Transaction ID: SA11AI.62121 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	72.00	250.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) PANDU TADOORI Mailing Address P.O. BOX 474			Date of Receipt
				04 21 2008
	City BALDWIN	State NY	Zip Code 11510	Transaction ID: SA11AI.62224 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	250.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 :.	Full Name (Last, First, Middle Initial) DAVID THEIL			Date of Receipt
-	Mailing Address 1678 STONEHAM LN	I .		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City EVERGREEN	State CO	Zip Code	Transaction ID: SA11AI.61881
	FEC ID number of contributing federal political committee.	C	80439	Amount of Each Receipt this Period 250.00
	Name of Employer COLORADO ANES CONSUL	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 85 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) HUGO TOLENTINO			Date of Receipt
Mailing Address 6333 SAINT DENIS	SST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.62572
CORPUS CHRISTI FEC ID number of contributing federal political committee.	C	78414	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER TROJAN			Date of Receipt
Mailing Address 82 LOGAN'S RUN			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ROCHESTER	State NY	Zip Code 14626	Transaction ID: SA11AI.62037
FEC ID number of contributing federal political committee.	C	14020	Amount of Each Receipt this Period 250.00
Name of Employer WESTSIDE ANES ROCHESTER	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JEFFREY UPPINGTON			Date of Receipt
Mailing Address 3957 CANAL CT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.62299
WINTERS FEC ID number of contributing federal political committee.	CA	95694	Amount of Each Receipt this Period 250.00
Name of Employer UCDAVIS MEDICAL CENTER	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	J.		750.00

П	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS The information copied from such Reports and State of the such Reports and State of	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 85 (check only one) X
Oi	ny information copied from such Reports and Star for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI			
∠ . A .	Full Name (Last, First, Middle Initial) CLAUDE VACHON Mailing Address 1225 CONCORD HUNT	r DB		Date of Receipt
				04 04 2008
	City BRENTWOOD	State TN	Zip Code 37027	Transaction ID: SA11AI.61820
	FEC ID number of contributing federal political committee.	C	37027	Amount of Each Receipt this Period 250.00
	Name of Employer ANESTHESIA MEDICAL GROUP	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— 3.	Full Name (Last, First, Middle Initial) DAVID VANGURA			Date of Receipt
-	Mailing Address 280 TOURAINE RD.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City GROSSE POINTE FARM	State MI	Zip Code 48236	Transaction ID: SA11AI.62119 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer HENRY FORD HOSP	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 ;.	Full Name (Last, First, Middle Initial) GREG VANZANT			Date of Receipt
	Mailing Address P.O. BOX 102			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	CLERURNE	State	Zip Code	Transaction ID: SA11AI.62597
	CLEBURNE FEC ID number of contributing federal political committee.	C	76033	Amount of Each Receipt this Period 500.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
\[SUBTOTAL of Receipts This Page (optional)			1750.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 85
	TEMIZED RECEIPTS		for each category of the	(check only one)
	II LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements ma ame and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESIC	OLOGISTS	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) RONALD VIERK			Date of Receipt
	Mailing Address 1526 HUNTERS POINTI	E DR.		04 25 2008
	City	State	Zip Code	Transaction ID: SA11AI.62423
	RICHMOND	IN	47374	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	7 .gg. 0ga.c		1
	Other (specify) ▼	1	250.00	
				'
- В.	Full Name (Last, First, Middle Initial) MICHAEL VILLAREALE			Date of Receipt
	Mailing Address 6917 CLINTON ST.			M M / D D / Y Y Y Y
				04 09 2008
	City	State	Zip Code	Transaction ID: SA11Al.61869
	BERGEN	NY	14416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES ASSOC ROCHESTER	Occupatio PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	7 .gg. 0ga.c	1 1 1 1 1 1 1	1
	Other (specify) ▼		250.00	
с. С.	Full Name (Last, First, Middle Initial) BRENT WALKER			Date of Receipt
.	Mailing Address 500 S UNIVERSITY AVE	STE 505		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.62601
	LITTLE ROCK	AR	72205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	·			
	Name of Employer LITTLE ROCK ANES SERV	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		250.00	
_				
	SUBTOTAL of Receipts This Page (optional))	750.00
- 1	<u> </u>		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) TIMOTHY WALSH			Date of Receipt
	Mailing Address 13221 CEDARWOOD City	State	Zip Code	0 4 0 2 2 0 0 8 Transaction ID: SA11AI.61796
	CLIVE	IA	50325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer TIMOTHY W. WALSH, MD, PC	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) DAVID WENZEL			Date of Receipt
	Mailing Address 2520 COACH & SURF	REY LN.		0 4 2 5 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.62380
	AURORA	IL	60506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GUARDIAN ANES ASSOC	Occupation PHYSIC		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) JEFFREY WILNER			Date of Receipt
	Mailing Address 6791 CRESTWAY DR	RIVE		0 4 2 5 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.62333
	BLOOMFIELD HILLS FEC ID number of contributing federal political committee.	C	48301	Amount of Each Receipt this Period 250.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES, P	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Γ.	SUBTOTAL of Receipts This Page (optional)			1000.00
t	FOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MYRA WISE Mailing Address 343 SAM DUNHAM City SULPHUR FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED		Date of Receipt O 4 O 9 Transaction ID: SA11AI.61850 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JASON WORKMAN Mailing Address 7575 WASHINGTOI City	N AVE., STE. 127-374 State Zip Code	Date of Receipt 0 4 1 5 2 0 0 8 Transaction ID: SA11AI.62097
LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer	NV 89128 C Occupation	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) HSI-TAI YAO Mailing Address 207 STONEY CREE	- I K	Date of Receipt
City HOUSTON FEC ID number of contributing federal political committee.	State Zip Code TX 77024	Transaction ID: SA11AI.62619 Amount of Each Receipt this Period 250.00
Name of Employer SAN JACINTO ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 85 (check only one) X
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal he name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TOM YU Mailing Address 503 AUGUSTA DR. City MORAGA FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code CA 94556 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JOSEPH ZAKI Mailing Address 4178 SUDBROOK S City NEW ALBANY FEC ID number of contributing federal political committee. Name of Employer CONSULTANT ANESTHESIOLOGISTS INC Receipt For: Primary General Other (specify)	State Zip Code OH 43054 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) WENDY ZERNGAST Mailing Address 8006 NE 169TH PLA City KENMORE FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF WASHINGTON Receipt For: Primary General Other (specify)	State Zip Code WA 98028 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1000.00

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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 85 (check only one) 11a 11b 11c 12 13 14 15 16 X 17						
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE						
Α.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO			Date of Receipt						
	Mailing Address 50 S LASALLE			04 30 7 2008						
	City	State	Zip Code	Transaction ID: SA17.62725						
	CHICAGO	IL	60675	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		2060.12						
	Name of Employer	Occupatio	n	INTEREST INCOME						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 13524.14							
В.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO			Date of Receipt						
	Mailing Address 50 S LASALLE			0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: SA17.62728						
	CHICAGO	IL	60675	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		836.57						
	Name of Employer	Occupatio	n	INTEREST INCOME						
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 14360.71							

SUBTOTAL of Receipts This Page (optional)	•	2896.69
TOTAL This Period (last page this line number only)	•	2896.69

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE	
IT	EMIZED DISBURSEMENTS		category of the Summary Page	(check only 21b 27	22 X 23 24 25 28 28a 28b 28c 29
	y Information copied from such Reports and Stater or commercial purposes, other than using the name				
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESION				
	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS				Transaction ID: SB23.62698 Date of Disbursement
	Mailing Address 555 CAPITOL MALL #14	425			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & N \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
	City SACRAMENTO	State CA	Zip Code 95814		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Name			Catanani	1000.00
		ement For:	2008	Category/ Type	
	Senate X President	Primary Other (spe	General		
	State: District: Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS				Transaction ID: SB23.62712 Date of Disbursement
	Mailing Address PO BOX 116				0 4 M / 2 8 / Y 2 0 0 8
	City HYATTSVILLE	State MD	Zip Code 20781		Amount of Each Disbursement this Perio
	Purpose of Disbursement				1000.00
	Candidate Name			Category/ Type	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	2008 X General ecify) ▼		
	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS				Transaction ID: SB23.62710 Date of Disbursement
	Mailing Address 3069 CONQUISTA CT				$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $
	City LAS VEGAS	State NV	Zip Code 89121		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Name			Category/	2000.00
		ement For:	2008	Type	
	Senate President	Primary Other (spe	X General		
	State: District:				

SCHEDULE B (FEC Form 3X)		arate schedule(s)		OR LINI	E NUMBE	R:		PAG	GE 67/	85	_
ITEMIZED DISBURSEMENTS		category of the Summary Page		21b 27	22 28a	X 23 28b	Н	24 28c	25 29		26 30
Any Information copied from such Reports and Stat	tements may no	ot be sold or used	by any	/ person	for the pu	irpose of s	olici	ting co	ntribution	s	
or for commercial purposes, other than using the na	ame and addres	ss of any political o	commi	ttee to s	olicit conti	ributions tr	om s	sucn co	ommittee		_
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIG	OLOGISTS F	POLITICAL AC	ΓΙΟΝ	COMM	IITTEE						
Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS					Date	saction ID of Disburs	eme				
Mailing Address PO BOX 6220					0 ^M 4	M / D	2 1	/ Y	žοŏ	8 ^Y	
City	State	Zip Code			Amou	int of Each	n Dis	bursen	ment this	Perio	d
DES MOINES	IA	50309						-	2500.0	nn	
Purpose of Disbursement						-	0		2300.0	,0	_
Candidate Name			Cate								
Office Sought: House Disbu Senate President State: District:	rsement For: X Primary Other (spe	2008 General									
Full Name (Last, First, Middle Initial)					<u> </u>						_
BRIAN BAIRD FOR CONGRESS					Date	of Disburs	eme			V	
Mailing Address 236 MASSACHUSETT	S AVE NE #	508			0 ^M 4		24	/ Y	ŽOĎ	8 1	
City WASHINGTON	State DC	Zip Code 20002			Amou	int of Each	n Dis	bursen	nent this	Perio	d
Purpose of Disbursement	DC	20002			+ Г				1000.0	00	
Fulpose of Disbulsement							0				
Candidate Name			Cate Ty								
Office Sought: House Disbu Senate President State: District:	rsement For: X Primary Other (spe	2008 General									
Full Name (Last, First, Middle Initial) CHARLES A GONZALEZ CONGRESSION	ONAL CAMP	PAIGN				saction ID of Disburs			2700		
Mailing Address PO BOX 12612					0 ^M 4	M / D	28	/ Y	žoŏ	8 ^Y	
City	State	Zip Code			Amou	ınt of Each	n Dis	bursen	nent this	Perio	d
SAN ANTONIO	TX	78212							2500.0))	
Purpose of Disbursement									2500.C	JU	_
Candidate Name			Cate								
Office Sought: Senate President State: Disbut	rsement For: Primary Other (spe	2008 X General ecify)		<u>-</u>							
SUBTOTAL of Disbursements This Page (optional	al)			<u> </u>					6000.0	00	
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FE6AN026					FE	C Schedu	ile B	(Forn	n 3X) (Re	evise	d 0:

Any Information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGIS Full Name (Last, First, Middle Initial)	address of any politica	21b 27 ed by any person f	22 X 23 28b cor the purpose of so	24 25 2 28c 29 3
or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGIS Full Name (Last, First, Middle Initial)	address of any politica			liciting contributions
AMERICAN SOCIETY OF ANESTHESIOLOGIS Full Name (Last, First, Middle Initial)	STS POLITICAL AC			
•	5101 0E1110/1E71	CTION COMM		
CHARLIE DENT FOR CONGRESS			Transaction ID:	
Mailing Address 1707 PRINCE ST #5			04 2	8 7 2008
City State ALEXANDRIA VA	Zip Code 22314		Amount of Each	Disbursement this Period
Purpose of Disbursement				1000.00
Candidate Name Office Sought: House Disbursement	For: 2008	Category/ Type		
Senate Prim President Othe				
State: District: Full Name (Last, First, Middle Initial)			Transaction ID:	 SR23 61751
CHC BOLD PAC			Date of Disburse	ment
Mailing Address 1831 BAY ST SE		0 4 1	7 2008	
City State WASHINGTON DC	Zip Code 20003		Amount of Each	Disbursement this Period
Purpose of Disbursement 2008 CONTRIBUTION				5000.00
Candidate Name		Category/ Type		
Office Sought: Senate President State: Disbursement X Other				
Full Name (Last, First, Middle Initial) COMMITTEE FOR A DEMOCRATIC MAJORIT	Υ		Transaction ID: Date of Disburse	ment
Mailing Address 501 CAPITOL CT NE #100			04 0	3 2008
City State WASHINGTON DC	Zip Code 20002		Amount of Each	Disbursement this Period
Purpose of Disbursement 2008 CONTRIBUTION Candidate Name		Category/		1500.00
	For: 0000	Type		
State: District:		_		7500.00
SUBTOTAL of Disbursements This Page (optional)		······		1,300.00

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_	EMIZED DISBURSEMENTS	for each category of Detailed Summary P	age	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam				
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL				
<u> </u>	Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON COMM				Transaction ID: SB23.61732 Date of Disbursement
	Mailing Address PO BOX 1444				$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I & O \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & N \\ Z & O & O & S \end{bmatrix}$
	City ENNIS	State Zip Code TX 75120			Amount of Each Disbursement this Period
	Purpose of Disbursement				5000.00
	Candidate Name			egory/ ype	
	Office Sought: House Disburse Senate President State: District:	ement For: 2008 Primary X Gen Other (specify)			
	Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN SCHULTZ FOR C	ONGRESS			Transaction ID: SB23.61721 Date of Disbursement
	Mailing Address 1071 TWIN BRANCH LN	J			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ O & S \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{bmatrix}$
	City WESTON	State Zip Code FL 33326			Amount of Each Disbursement this Perio
	Purpose of Disbursement				2000.00
	Candidate Name			egory/ ype	
		ement For: 2008 Primary Gen Other (specify)			
	Senate X President	Primary Gen Other (specify) ▼			Transaction ID: SB23.61734 Date of Disbursement
	Senate President State: District: Full Name (Last, First, Middle Initial)	Primary Gen Other (specify) ▼ ONGRESS			
	Senate X President State: District: Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN SCHULTZ FOR C	Primary Gen Other (specify) ▼ ONGRESS			Date of Disbursement M 4 M / D 1 D / Y 2 0 0 8 Y Amount of Each Disbursement this Perior
	Senate President State: District: Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN SCHULTZ FOR C Mailing Address 1071 TWIN BRANCH LN City	Primary Gen Other (specify) ONGRESS State Zip Code			Date of Disbursement M 4 M / D 1 D / Y Y O 0 8
	Senate President State: District: Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN SCHULTZ FOR C Mailing Address 1071 TWIN BRANCH LN City WESTON	Primary Gen Other (specify) ONGRESS State Zip Code	eral	egory/ ype	Date of Disbursement M 4 M / D 1 D / Y 2 0 0 8 Y Amount of Each Disbursement this Perior
	Senate President State: District: Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN SCHULTZ FOR Comment Mailing Address 1071 TWIN BRANCH LN City WESTON Purpose of Disbursement Candidate Name Office Sought: House Disburse	Primary Gen Other (specify) ONGRESS State Zip Code	eral Cat		Date of Disbursement M 4 M / D 1 D / Y 2 0 0 8 Y Amount of Each Disbursement this Perior

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE I	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL			
<u></u>	Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS INC			Transaction ID: SB23.61769 Date of Disbursement
	Mailing Address PO BOX 61337			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} Y$
	,	State Zip Code CO 80206		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	• 🗎 –	ment For: 2008 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) DUNCAN D HUNTER FOR CONGRESS			Transaction ID: SB23.62696 Date of Disbursement
	Mailing Address PO BOX 3917			$\begin{bmatrix}\begin{smallmatrix}M&A&M\\O&A&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\D&2&8\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Q&Y&S\\Q&O&O&8\end{smallmatrix}\end{bmatrix}$
	City MESA	State Zip Code CA 91941		Amount of Each Disbursement this Period
	Purpose of Disbursement		• •	1500.00
	Candidate Name		Category/ Type	
		ment For: 2008 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON			Transaction ID: SB23.62684 Date of Disbursement
	Mailing Address PO BOX 61			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{bmatrix}$
	City ST CLAIRSVILLE	State Zip Code OH 43950		Amount of Each Disbursement this Period
	Purpose of Disbursement	Γ		1500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburse Senate President State: District:	ment For: 2008 Primary X General Other (specify) ▼		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				INE NUMBER: PAGE 71 / only one)							/ 85		
ITEMIZED DISBURSEMENTS	for each cate Detailed Sum		21b	_	22 28a	Х	23 28b	24 28c		25 29	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												5		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POL	ITICAL AC	TIOI	N COM	1МІТ	TEE								
Full Name (Last, First, Middle Initial) FRIENDS OF CLIFF STEARNS						Date		on ID:			5 0 0 8	Y		
Mailing Address PO BOX 308						0 4			4		. 0 0 6	2		
,		o Code 4489				Amou	ınt o	Each	Disburse	emen	t this F	Period		
Purpose of Disbursement					1		_			1	0.000	0		
Candidate Name				tegory/ Γype										
	ment For: Primary Other (specify)	2008 General												
Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS CARDOZA								on ID: sburse	SB23.6	172	4			
Mailing Address PO BOX 2749						0 ^M 4	М	^D 0	3 /	ž	οŏε	B Y		
,		o Code 5340				Amou	ınt o	Each	Disburse	emen	t this F	Period		
Purpose of Disbursement	<u> </u>				1						500.0	0		
Candidate Name				itegory/ Type										
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State: District: Full Name (Last, First, Middle Initial)						Tronc	ooti	on ID:	SB23.6	170	6			
FRIENDS OF DENNIS CARDOZA						Date	of Di	sburse	ement					
Mailing Address PO BOX 2749						0 4	М	0	3 /	ž	0 0 8	3 ^Y		
City MERCED		o Code 5340				Amou	ınt o	Each	Disburse	emen	t this F	Period		
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Candidate Name				tegory/ Type	1									
Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	2008 X General												
State: District:	Janor (opcorry)	V												
SUBTOTAL of Disbursements This Page (optional)		<u></u>	<u></u> .	!	<u> </u>					20	0.00	0		

		Use separate schedule(s)	FOR LINE (check only	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial) FRIENDS OF FARR			Transaction ID: SB23.61741 Date of Disbursement
	Mailing Address 729 15TH STREET NW 3RD FL			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} \ \begin{smallmatrix} & D & D & D \\ & & 1 & 0 \end{bmatrix} \ \begin{smallmatrix} & & & & & & & & & & & & & & & & & &$
	City WASHINGTON	State Zip Code DC 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	· — — —	ement For: 2008 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS			Transaction ID: SB23.61709 Date of Disbursement
	Mailing Address 1707 PRINCE ST #5 C/O CAROLE GOEAS & ASSOC			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Q & D & D \\ O & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Q & Q & Q & Q \\ Q & O & O \end{smallmatrix} \end{bmatrix}$
	City ALEXANDRIA	State Zip Code VA 22314		Amount of Each Disbursement this Period
	Purpose of Disbursement		•	1000.00
	Candidate Name		Category/ Type	
		ement For: 2008 Primary General Other (specify)		
 C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS			Transaction ID: SB23.62680 Date of Disbursement
	Mailing Address 1707 PRINCE ST #5			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O & B \end{smallmatrix} \end{bmatrix}$
	City ALEXANDRIA	State Zip Code VA 22314		Amount of Each Disbursement this Period
	Purpose of Disbursement			500.00
	Candidate Name		Category/ Type	
	Senate President	ement For: 2008 Primary X General Other (specify)		
	State: District:			

SCHEDULE B (FEC Form 3X)

SCHEDOLL D (I LO I OHII SX)	Use separate schedule((check or	E NUMBER: PAGE /3 / 85
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and State or for commercial purposes, other than using the result of the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES!	ame and address of any politic	al committee to s	olicit contributions from such committee
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO COM Mailing Address 406 VIRGINIA AVE	M		Transaction ID: SB23.62708 Date of Disbursement O 4 D 2 8 D 2 0 0 8
City ALEXANDRIA Purpose of Disbursement	State Zip Code VA 22302		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disb Senate President State: District:	rrsement For: 2008 Primary X General Other (specify) ▼	1	
Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CA Mailing Address PO BOX 16128	MPAIGN		Transaction ID: SB23.61736 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HOUSTON Purpose of Disbursement	State Zip Code TX 77222		Amount of Each Disbursement this Period 2000.00
Candidate Name Office Sought: House Disb Senate President State: District:	rrsement For: 2008 Primary X General Other (specify) ▼	Category/ Type	
Full Name (Last, First, Middle Initial) GERLACH FOR CONGRESS			Transaction ID: SB23.61771 Date of Disbursement
Mailing Address 700 12TH ST NW #70			04 24 2008
City WASHINGTON	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		Category/ Type	1000.00
	rsement For: 2008	1	
Office Sought: House Disb Senate President State: District:	Primary X General Other (specify) ▼		

IT	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)		NUMBER: PAGE 74 / 85
••	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(check only	7 one) 22 X 23 24 25 1
				27	28a 28b 28c 29
	y Information copied from such Reports and Staten or commercial purposes, other than using the nam				
<u>\</u>	NAME OF COMMITTEE (In Full)		, o o. a, pooa.		
\rangle	AMERICAN SOCIETY OF ANESTHESIOL	.OGISTS F	POLITICAL AC	TION COMMI	TTEE
	Full Name (Last, First, Middle Initial) HAWKEYE PAC				Transaction ID: SB23.62706 Date of Disbursement
	Mailing Address PO BOX 7255				$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & B \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix}$
	DÉS MOINES	State IA	Zip Code 50309		Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 CONTRIBUTION			0 0	5000.00
	Candidate Name			Category/ Type	
	Office Sought: House Disburse Senate President X	ement For: Primary Other (spe	2008 General		
	State: District:		· 		
	Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS				Transaction ID: SB23.61730 Date of Disbursement
	Mailing Address PO BOX 112				$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 0 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	City BURLINGAME	State CA	Zip Code 94011		Amount of Each Disbursement this Period
	Purpose of Disbursement				5000.00
	Candidate Name			Category/ Type	
	· -	ement For: Primary Other (spe	2008 General cify) ▼		
	State: District:				
_	Full Name (Last First Middle Initial)				T
_	Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS				Transaction ID: SB23.62723 Date of Disbursement
	·				
	JACKIE SPEIER FOR CONGRESS Mailing Address P.O. BOX 112	State CA	Zip Code 94011		Date of Disbursement M 4 M / D 3 D / Y Y Y O 8 Amount of Each Disbursement this Period
	JACKIE SPEIER FOR CONGRESS Mailing Address P.O. BOX 112 City BURLINGAME Purpose of Disbursement CK VOIDED ORIG ISSUED 02/25/08				Date of Disbursement
	JACKIE SPEIER FOR CONGRESS Mailing Address P.O. BOX 112 City BURLINGAME Purpose of Disbursement			Category/ Type	Date of Disbursement M 4 M / D 0 3 / Y Y Y 0 0 8 Amount of Each Disbursement this Period
	JACKIE SPEIER FOR CONGRESS Mailing Address P.O. BOX 112 City BURLINGAME Purpose of Disbursement CK VOIDED ORIG ISSUED 02/25/08 Candidate Name Office Sought: House Senate X President		2008 General		Date of Disbursement M 4 M / D 0 3 / Y Y Y 0 0 8 Amount of Each Disbursement this Period
	JACKIE SPEIER FOR CONGRESS Mailing Address P.O. BOX 112 City BURLINGAME Purpose of Disbursement CK VOIDED ORIG ISSUED 02/25/08 Candidate Name Office Sought: House Senate X	ement For:	2008 General		Date of Disbursement M 4 M / D 3 / Y Y Y O 8 Amount of Each Disbursement this Period

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SCHEDULE B (FEC Form 3X)		FORLINE	NUMBER DAGE 75 (OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b	22 X 23 24 25 26
Any Information copied from such Reports and Statem	ents may not be sold or used	by any person for	28a 28b 28c 29 30b or the purpose of soliciting contributions
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	COLOTO DOLLTICAL AC	TION 0014141	TT
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	TION COMMI	IIEE
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.61753
JACKIE SPEIER FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 112			$\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & D & D \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
,	State Zip Code		Amount of Each Disbursement this Period
BURLINGAME Purpose of Disbursement	CA 94011		1500.00
i dipose di Disbuisement			
Candidate Name		Category/ Type	
	ement For: 2008		
Senate X President	Primary General Other (specify) ▼		
State: District:	Carior (opcomy)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.62678
JO BONNER FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 368			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O & N \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
FALLS CHURCH	VA 22040		1000.00
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
	ement For: 2008		
Senate X President	Primary General Other (specify)		
State: District:	Carlos (opeosity)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.62686
JOHN CAMPBELL FOR CONGRESS			Date of Disbursement
Mailing Address 4590 MACARTHUR BLV	D #500		$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O & B \end{bmatrix} $
City NEWPORT BEACH	State Zip Code CA 92660		Amount of Each Disbursement this Period
Purpose of Disbursement		-	2500.00
Candidate Name		Category/	
		Type	
ÿ H -	ement For: 2008		
Senate X President	Primary General Other (specify)		
State: District:	- x (-p-o) \		
CURTOTAL of Dishurasments This Days (2011)			5000.00
SUBTOTAL of Disbursements This Page (optional)			000.00

TOTAL This Period (last page this line number only)

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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29				
	ly Information copied from such Reports and States for commercial purposes, other than using the nam							
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESION	OGISTS POLITICAL A	CTION COMM	IITTEE				
<u></u>	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS			Transaction ID: SB23.61745 Date of Disbursement				
	Mailing Address PO BOX 636			044 7 17 7 2008				
	City ANNANDALE	State Zip Code VA 22003		Amount of Each Disbursement this Period				
	Purpose of Disbursement			1000.00				
	Candidate Name		Category/ Type					
	· — — —	ement For: 2008 Primary General Other (specify)						
	Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS			Transaction ID: SB23.61749 Date of Disbursement				
	Mailing Address PO BOX 470840			$\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 7 \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} 1 & 2 & 0 & 0 & 8 \\ 2 & 0 & 0 & 8 \end{bmatrix}$				
	City TULSA	State Zip Code OK 74147		Amount of Each Disbursement this Period				
	Purpose of Disbursement			1000.00				
	Candidate Name		Category/ Type					
	Office Sought: Senate President State: Disburs	ement For: 2008 Primary X General Other (specify) ▼						
	Full Name (Last, First, Middle Initial) KELLER FOR CONGRESS			Transaction ID: SB23.61739 Date of Disbursement				
	Mailing Address PO BOX 1453			04				
	City ORLANDO	State Zip Code FL 32802		Amount of Each Disbursement this Period				
	Purpose of Disbursement		•	1500.00				
	Candidate Name		Category/ Type					
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	ů 🗎 –	ement For: 2008 Primary General Other (specify)						

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SCHEDULE B (FEC Form 3X)	HEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page					NE NUMBER: PAGE 77 / 85 only one)									
ITEMIZED DISBURSEMENTS				21b			22 28a	X	23 28b	F	24 28c		25 29		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														;	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS F	POLITICAL AC	TIO	N	COMN	ΛIΤΊ	ГЕЕ								
Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS							Date o		sburs				4 0 0 8	Y	
Mailing Address PO BOX 8										_		_			
City WINNETKA	State IL	Zip Code 60093					Amou	nt of	f Eacl	h [Disburse	emen	t this F	Perio	d
Purpose of Disbursement				·				_				2	0.000	0	
Candidate Name				ate Typ	gory/ oe										
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Full Name (Last, First, Middle Initial) MALONEY FOR CONGRESS							Trans Date o		-		SB23.6	269	4		
Mailing Address 49 E 92ND STREET							0 ^M 4	М	/ D	2 -	4 /	Ź	0 ŏ 8	Y	
City NEW YORK	State NY	Zip Code 10128					Amou	nt of	f Eacl	h [Disburse	emer	t this F	Perio	d
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State: District: Full Name (Last, First, Middle Initial)							Trans	aati	on ID	١. ٥	SB23.6	176	7		
MARYLAND REPUBLICAN PARTY							Date o	of Di	sburs	ser	ment				
Mailing Address 15 WEST ST							0 ^M 4	М	/ D	2	4	Ž	ο ὁ ε	B ^Y	
City ANNAPOLIS	State MD	Zip Code 21401					Amou	nt of	f Eacl	h [Disburse	emen	t this F	Perio	d
Purpose of Disbursement 2008 CONTRIBUTION			Г	v				-				5	0.000	0	
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Senate	Primary	2008 General		۱۲ ·											
State: President X District:	Other (spe	edity) 🔻													
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ITEMIZED DISBURSEMENTS	ZED DISBURSEMENTS for each category of the Detailed Summary Page		y one) 22 X 23 24 25 26						
		27	28a 28b 28c 29 30b						
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	TION COMM	ITTEE						
Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS			Transaction ID: SB23.61760 Date of Disbursement						
Mailing Address PO BOX 636			$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} \begin{bmatrix} 0 & 2 & 4 \\ 0 & 2 & 4 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 & 0 \end{bmatrix} $						
,	State Zip Code VA 22003		Amount of Each Disbursement this Period						
Purpose of Disbursement			1000.00						
Candidate Name		Category/ Type							
	ment For: 2008 Primary General Other (specify)								
Full Name (Last, First, Middle Initial)			Transaction ID: CD00 01700						
MATHESON FOR CONGRESS			Transaction ID: SB23.61763 Date of Disbursement						
Mailing Address PO BOX 636			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 4 \\ & 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 4 & 8 \\ & 2 & 0 & 0 & 8 \end{bmatrix}$						
,	State Zip Code VA 22003		Amount of Each Disbursement this Period						
Purpose of Disbursement		•	1500.00						
Candidate Name		Category/ Type							
Senate President	ment For: 2008 Primary X General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS			Transaction ID: SB23.61728 Date of Disbursement						
Mailing Address 5429 MADISON AVE			04 03 2008						
	State Zip Code CA 95841		Amount of Each Disbursement this Period						
Purpose of Disbursement			2500.00						
Candidate Name		Category/ Type							
· —	ment For: 2008 Primary General Other (specify)								
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SUBTOTAL of Disbursements This Page (optional) .		>	5000.00						

TOTAL This Period (last page this line number only)

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CHEDULE B (FEC Form 3X) Use separate schedule(s		e(s)			—	NE NUMBER: PAGE 79 / 85							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	è	(check or		<u> </u>	1y one) 22 X 23			23 24			25	
				27		28a		28b	旦	28c		29	<u></u> 3
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													3
NAME OF COMMITTEE (In Full)	and address of any point				- 00110			0110 111	0111 01	2011 0	7011111		
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL	ACTIO	1C	COM	1MIT	TEE							
Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSION	NAL COMM					Trans Date of		sburs	emen		2718	3	
Mailing Address 320 FIRST ST						0 ^M 4	М	^D 2	2 8 2 8	/ Y	ž	o ŏ e	3 ^Y
WÁSHINGTON	State Zip Code DC 20003					Amou	nt of	Each	Disb	urse			-
Purpose of Disbursement 2008 CONTRIBUTION) SC	0.00	U
Candidate Name				egory/ ype									
Senate President X	ment For: 2008 Primary Gener Other (specify)	al											
State: District: Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSION	NAL COMM					Trans Date of		sburs			2720)	
Mailing Address 320 FIRST ST						o ^M 4	М	^D 2	2 8 2	/ Y	ž	o ŏ e	3 ^Y
	State Zip Code DC 20003					Amou	nt of	Each	Disb	urse	ment	this f	Period
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Candidate Name				egory/ ype									
Senate	ment For: 2008 Primary Gener Other (specify)	al											
Full Name (Last, First, Middle Initial) NEUGEBAUER CONGRESSIONAL COMM	Л					Trans Date of		sburs	emen				
Mailing Address PO BOX 54175						0 ^M 4	М	^D 2	2 8 2 8	/ Y	ž	οŏε	3
	State Zip Code TX 79453					Amou	nt of	Each	Disb	urse			
Purpose of Disbursement						L.					10	0.00	0
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Office Sought: House Disburse Senate President State: District:	ment For: 2008 Primary X Gener Other (specify)	al											
SUBTOTAL of Disbursements This Page (optional) .				. 1	<u> </u>	•		•			110	0.00	0
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3				
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam							
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL							
<u></u>	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMM			Transaction ID: SB23.61719 Date of Disbursement				
	Mailing Address PO BOX 75214			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City WASHINGTON	State Zip Code DC 20013		Amount of Each Disbursement this Period				
	Purpose of Disbursement			2000.00				
	Candidate Name		Category/ Type					
	Office Sought: Senate President State: Disburs Disburs	ement For: 2008 Primary X General Other (specify)						
	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTE	 :E		Transaction ID: SB23.62682 Date of Disbursement				
	Mailing Address PO BOX 8331			M 4 M / D 2 A / Y 2 0 0 8				
	City FREMONT	State Zip Code CA 94537		Amount of Each Disbursement this Period				
	Purpose of Disbursement		•	1000.00				
	Candidate Name		Category/ Type					
	Office Sought: House Senate President State: District:	ement For: 2008 Primary X General Other (specify)						
	Full Name (Last, First, Middle Initial) PHIL GINGREY FOR CONGRESS			Transaction ID: SB23.61775 Date of Disbursement				
	Mailing Address 1707 PRINCE ST #5			04				
	City ALEXANDRIA	State Zip Code VA 22314		Amount of Each Disbursement this Period				
	Purpose of Disbursement			1000.00				
	Candidate Name		Category/ Type					
	Senate X President	ement For: 2008 Primary General Other (specify)						
	State: District:							

	Use separa			(check onl	E NUMBER: PAGE 81 / 85					
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	€	21b 27	22 X 23 24 25 28a 28b 28c 29					
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	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIO									
<u>/</u>	Full Name (Last, First, Middle Initial)				Transaction ID: SB23.61707					
	REPUBLICAN NATIONAL COMMITTEE				Date of Disbursement					
	Mailing Address 310 FIRST STREET SE				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}^{Y}$					
	City WASHINGTON	State Zip Code DC 20003			Amount of Each Disbursement this Period					
	Purpose of Disbursement		T	-	15000.00					
	2008 CONTRIBUTION Candidate Name		C	ategory/						
	Senate	ement For: 2008 Primary General Other (specify)	-	Туре						
	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS CO	N 4 N 4			Transaction ID: SB23.62690					
		IVIIVI			Date of Disbursement 0 4 2 4 2 0 0 8					
	Mailing Address 76 MAGNOLIA TERR				$\begin{bmatrix} 0 & 4 & M & M & M & M & M & M & M & M & M$					
	City SPRINGFIELD	State Zip Code MA 01108			Amount of Each Disbursement this Perio					
	Purpose of Disbursement		T		2000.00					
	Candidate Name			ategory/ Type						
	Office Sought: House Disburs	ement For: 2008 Primary X General Other (specify)	-	7,6-2						
	Full Name (Last, First, Middle Initial) ROBERTS FOR SENATE				Transaction ID: SB23.61713 Date of Disbursement					
	Mailing Address PO BOX 433				$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 0 & 0 \\ 0 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 0 & 0 & 8 \\ 2 & 0 & 0 & 8 \end{bmatrix}$					
	City GREAT BEND	State Zip Code KS 67530			Amount of Each Disbursement this Perio					
	Purpose of Disbursement		T	• • •	1000.00					
	Candidate Name			ategory/ Type						
		ement For: 2008 Primary Genera Other (specify) ▼								
	State: District:									

SCHEDULE B (FEC Form 3X)	Use separ	rate schedule(s)		NUMBER: PAGE 82 / 85
TEMIZED DISBURSEMENTS	for each c	ategory of the summary Page	(check on	22 X 23 24 25
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or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS P	OLITICAL AC	TION COMM	ITTEE
Full Name (Last, First, Middle Initial) ROBERTS FOR SENATE				Transaction ID: SB23.61715 Date of Disbursement
Mailing Address PO BOX 433				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City GREAT BEND	State KS	Zip Code 67530		Amount of Each Disbursement this Peri
Purpose of Disbursement				500.00
Candidate Name			Category/ Type	
Senate President	oursement For: Primary Other (spec	2008 X General cify) ▼		
State: District: Full Name (Last, First, Middle Initial)				Transaction ID: SB23.62702
ROSKAM FOR CONGRESS COMMIT	TEE			Date of Disbursement
Mailing Address PO BOX 713				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City WHEATON	State IL	Zip Code 60187		Amount of Each Disbursement this Peri
Purpose of Disbursement				1500.00
Candidate Name			Category/ Type	
Office Sought: House Dist Senate President	oursement For: Primary Other (spec	2008 X General cify) ▼		
State: District: Full Name (Last, First, Middle Initial)				
RYAN FOR CONGRESS				Transaction ID: SB23.61743 Date of Disbursement
Mailing Address PO BOX 1919				04 7 7 7 2008
City JANESVILLE	State WI	Zip Code 53547		Amount of Each Disbursement this Peri
Purpose of Disbursement				2000.00
Candidate Name			Category/ Type	
Office Sought: House Dist Senate President	oursement For: X Primary Other (spec	2008 General		
State: District:				
State: District:				4000.00

SCHEDULE B (FEC Form 3X)

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or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC			
<u>/</u>	LOGISTS POLITICAL AC		
Full Name (Last, First, Middle Initial) SCHWARTZ FOR CONGRESS Mailing Address PO BOX 2232 City	State Zip Code		Transaction ID: SB23.61747 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
JENKINTOWN Purpose of Disbursement	PA 19046		1000.00
• 🗎	sement For: 2008 (Primary General Other (specify)	Category/ Type	
Full Name (Last, First, Middle Initial) SEARCHLIGHT LEADERSHIP FUND Mailing Address 426 C ST NE REAR BL	DG		Transaction ID: SB23.61757 Date of Disbursement
Senate President	State Zip Code DC 20002 Sement For: 2008 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 5000.00
State: District: Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS Mailing Address PO BOX 37091			Transaction ID: SB23.62688 Date of Disbursement O 4
City CHARLOTTE Purpose of Disbursement Candidate Name	State Zip Code NC 28237	Category/ Type	Amount of Each Disbursement this Period 1500.00
Office Sought: House Disbur Senate President State: District:	ement For: 2008 Primary X General Other (specify)	212.2	
SUBTOTAL of Disbursements This Page (optional		>	7500.00

В.

President

District:

ago# 2000 1000022		
SCHEDULE B (FEC Form 3X)		INE NUMBER: PAGE 84 / 85
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (cneck) 21 22	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTION COI	MMITTEE
Full Name (Last, First, Middle Initial) TEXANS FOR HENRY CUELLAR Mailing Address PO BOX 6147		Transaction ID: SB23.61711 Date of Disbursement 0 4 0 3 7 2 0 0 8
	State Zip Code TX 78042	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: 2008 Primary X General Other (specify)	
Full Name (Last, First, Middle Initial) UDALL FOR COLORADO		Transaction ID: SB23.62722 Date of Disbursement
Mailing Address PO BOX 40158		04 7 01 7 2008
City DENVER	State Zip Code CO 80204	Amount of Each Disbursement this Period
Purpose of Disbursement CK VOIDED ORIG ISSUED 3/17/08		-2500.00
Candidate Name	Category/ Type	
	ment For: 2008 Primary General	

SUBTOTAL of Disbursements This Page (optional)	•	-500.00
TOTAL This Period (last page this line number only)	<u> </u>	109000.00

Other (specify)

State:

В.

District:

ITEMIZED DISBURSEMENTS for each category of	Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 85 (check only one)
	for each category of the Detailed Summary Page	21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTION	I COMMITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Transaction ID: SB29.62726 Date of Disbursement
Mailing Address 50 S LASALLE		04 4 7 3 0 7 2 0 0 8
,	State Zip Code IL 60675	Amount of Each Disbursement this Period
Purpose of Disbursement VISA BANK CHARGE		1782.76
Candidate Name		egory/ ype
Senate President	ment For: Primary General Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Transaction ID: SB29.62727 Date of Disbursement
Mailing Address 50 S LASALLE		04
	State Zip Code IL 60675	Amount of Each Disbursement this Period
Purpose of Disbursement BANK CHARGES		39.00
Candidate Name		egory/ ype
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•	1821.76
TOTAL This Period (last page this line number only)	•	1821.76

State: